

TOWN OF HINGHAM
SCHEDULE OF HEALTH/LIFE/DENTAL CONTRIBUTIONS
FY 2022

HEALTH INSURANCE

<u>HEALTH PLAN</u>	<u>PLAN TYPE</u>	<u>COVERAGE</u>	<u>52 WKS</u>	<u>33 WKS</u>	<u>26 WKS</u>	<u>21 WKS</u>	<u>MONTHLY</u>	<u>COBRA</u>
Fallon Health Direct Care	HMO	Individual Family	\$73.56 \$185.97	\$115.91 \$293.04	\$147.12 \$371.94	\$182.15 \$460.49	\$318.76 \$805.86	\$650.27 \$1,643.95
Fallon Health Select Care	HMO	Individual Family	\$99.57 \$242.37	\$156.91 \$381.92	\$199.15 \$484.75	\$246.57 \$600.17	\$431.49 \$1,050.29	\$880.24 \$2,142.59
Harvard Pilgrim Independence Plan	POS	Individual Family	\$111.26 \$271.86	\$175.32 \$428.39	\$222.52 \$543.72	\$275.50 \$673.18	\$482.13 \$1,178.06	\$983.55 \$2,403.24
Harvard Pilgrim Primary Choice Plan	HMO	Individual Family	\$80.53 \$205.61	\$126.90 \$323.99	\$161.07 \$411.22	\$199.42 \$509.13	\$348.98 \$890.98	\$711.92 \$1,817.60
Health New England	HMO	Individual Family	\$72.73 \$173.59	\$114.60 \$273.53	\$145.46 \$347.18	\$180.09 \$429.84	\$315.16 \$752.22	\$642.93 \$1,534.53
Allways Health Partners Complete	HMO	Individual Family	\$88.61 \$231.42	\$139.63 \$364.67	\$177.22 \$462.85	\$219.42 \$573.05	\$383.98 \$1,002.84	\$783.32 \$2,045.79
Tufts Health Plan Navigator	POS	Individual Family	\$96.54 \$236.07	\$152.12 \$371.99	\$193.07 \$472.14	\$239.04 \$584.55	\$418.32 \$1,022.96	\$853.37 \$2,086.84
Tufts Health Plan Spirit	HMO-type	Individual Family	\$73.70 \$177.91	\$116.13 \$280.35	\$147.40 \$355.82	\$182.49 \$440.54	\$319.36 \$770.95	\$651.49 \$1,572.74
Unicare State Indemnity Plan/ Basic with CIC(Comprehensive)	Indemnity	Individual Family	\$138.94 \$308.55	\$218.94 \$486.20	\$277.88 \$617.10	\$344.05 \$764.03	\$602.08 \$1,337.05	\$1,228.24 \$2,727.58
Unicare State Indemnity Plan/ Community Choice	PPO-type	Individual Family	\$68.52 \$170.29	\$107.97 \$268.33	\$137.04 \$340.58	\$169.67 \$421.67	\$296.92 \$737.92	\$605.72 \$1,505.36
Unicare State Indemnity Plan/PLUS	PPO-type	Individual Family	\$90.23 \$215.39	\$142.18 \$339.40	\$180.46 \$430.78	\$223.42 \$533.35	\$390.99 \$933.36	\$797.62 \$1,904.05

MEDICARE PLANS

Harvard Pilgrim Medicare Enhance	Medicare Supplement w/ PDP	N/A	N/A	N/A	N/A	\$206.71	N/A
Health New England MedPlus	Medicare Supplement w/ PDP	N/A	N/A	N/A	N/A	\$207.09	N/A
Tufts Health Plan Medicare Complement	Medicare Supplement w/ PDP	N/A	N/A	N/A	N/A	\$196.29	N/A
Tufts Health Plan Medicare Preferred	Medicare Advantage (HMO) w/ PDF	N/A	N/A	N/A	N/A	\$166.35	N/A
Unicare State Indemnity Plan/Medicare Extension (OME) with CIC(Comprehensive)	Medicare Supplement w/ PDP	N/A	N/A	N/A	N/A	\$204.42	N/A

DENTAL INSURANCE

		<u>52 WKS</u>	<u>33 WKS</u>	<u>26 WKS</u>	<u>21 WKS</u>	<u>MONTHLY</u>	<u>COBRA</u>
Delta Dental PPO Plus Premier (Active Employees)	Individual Family	\$12.23 \$30.92	\$19.27 \$48.73	\$24.46 \$61.85	\$30.29 \$76.57	\$53.00 \$134.00	\$54.06 \$136.68
Delta Dental Premier Voluntary Enhanced Table Plan (Retirees)	Individual Family					\$39.00 \$97.00	

LIFE INSURANCE

<u>Provider</u>	<u>Type</u>	<u>Coverage</u>	<u>Monthly Deduction</u>				
Boston Mutual	1 Basic Term G-142	10,000	\$ 9.75	52 wk.			
			\$ 11.70	21-33 wk.			
Boston Mutual	2 Voluntary Term Life G-13964-1 (Closed)		<u>52 WKS</u>	<u>33 WKS</u>	<u>26 WKS</u>	<u>21 WKS</u>	<u>MONTHLY</u>
		\$ 5,000	\$ 0.90	\$ 1.42	\$ 1.80	\$ 2.23	\$ 3.90
		\$ 10,000	\$ 1.80	\$ 2.84	\$ 3.60	\$ 4.46	\$ 7.80
		\$ 15,000	\$ 2.70	\$ 4.26	\$ 5.40	\$ 6.69	\$ 11.70
		\$ 20,000	\$ 3.60	\$ 5.67	\$ 7.20	\$ 8.91	\$ 15.60
		\$ 25,000	\$ 4.50	\$ 7.09	\$ 9.00	\$ 11.14	\$ 19.50
		\$ 30,000	\$ 5.40	\$ 8.51	\$ 10.80	\$ 13.37	\$ 23.40
		\$ 35,000	\$ 6.30	\$ 9.93	\$ 12.60	\$ 15.60	\$ 27.30
		\$ 40,000	\$ 7.20	\$ 11.35	\$ 14.40	\$ 17.83	\$ 31.20
		Dependent Coverage	\$ 1.00	\$ 1.58	\$ 2.00	\$ 2.48	\$ 4.33
Boston Mutual	3 Voluntary Term Life & Acc. Death G-13964-2	<u>Sample weekly payroll deductions for you and your spouse are shown below.</u>					
			<u>Monthly</u>				
			<u>Premium Rate</u>				
			<u>per 1,000</u>	<u>10,000</u>	<u>30,000</u>	<u>50,000</u>	<u>100,000</u>
		<u>Age</u>					
		Under 35	\$ 0.12	\$ 0.28	\$ 0.83	\$ 1.38	\$ 2.77
		35-39	\$ 0.16	\$ 0.37	\$ 1.11	\$ 1.85	\$ 3.69
		40-44	\$ 0.24	\$ 0.55	\$ 1.66	\$ 2.77	\$ 5.54
		45-49	\$ 0.35	\$ 0.81	\$ 2.42	\$ 4.04	\$ 8.08
		50-54	\$ 0.56	\$ 1.29	\$ 3.88	\$ 6.46	\$ 12.92
		55-59	\$ 0.78	\$ 1.80	\$ 5.40	\$ 9.00	\$ 18.00
		60-64	\$ 1.14	\$ 2.63	\$ 7.89	\$ 13.15	\$ 26.31
		65-69	\$ 1.96	\$ 4.52	\$ 13.57	\$ 22.62	\$ 45.23

Premium rates are based on attained age and WILL NOT CHANGE as you move to a higher age bracket.
Coverage in units of \$10,000 to a maximum of \$400,000. Maximum cannot exceed five times your annual salary.

Please contact the Benefit's office for more details.